05/19/2006 11:00

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL Example:If typing, type OR TYPE OR PRINT over the lines					
L	American Hospital Association	n PAC					
1 .							
AD	DRESS (number and street)	325 Seventh Street, NW					
	Check if different than previously reported. (ACC)	Suite 700 Washington DC 20004 -					
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ★ STATE ★ ZIPCODE ★					
	C00106146	3. IS THIS X NEW (N) OR (A)					
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Younderly Report(Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) Election on In the State of					
5. I ce	Covering Period 0 4	0 1 2 0 0 6 through 0 4 3 0 2 0 0 6 Report and to the best of my knowledge and belief it is true, correct and complete.					
Тур	Type or Print Name of Treasurer Ms. Melinda Hatton Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 0.5 1.9 2.006 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.						
	Office Use Only	FEC FORM 3X (Rev. 02/2003)					

Image# 26940145366

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Period	COLUMN A This Period 841590.73	COLUMN B Calendar Year-to-Date 941820.56
Period	841590.73	941820.56
	841590.73	
ne 19)		
	141251.36	341099.01
and and		
Lines nn B)	982842.09	1282919.57
Line 31)	69751.86	369829.34
(d))	913090.23	913090.23
то		
	0.00	
	0.00	
r	n e D)	(d))

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 0 4 ^D 0 1

2006

то.

м м 0 4 ^D 3^D 0

2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	33656.64	81314.23
(ii) Unitemized	8866.65	31902.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42523.29	113216.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	6666.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42523.29	119882.87
Transfers From Affiliated/Other Party Committees	98400.00	219900.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	328.07	1316.14
8. Transfers from Non-Federal and Levin Fund	ds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	141251.36	341099.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	141251.36	341099.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	251.86	1779.34
,	Expenditures	251.80	1779.54
	c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	251.86	1779.34
	Fransfers to Affiliated/Other Party	0.00	0.00
	Committees Contributions to	0.00	0.00
F	Federal Candidates/Committeesand Other Political Committees	69500.00	368050.00
	ndependent Expenditure	0.00	0.00
. (use Schedule E)	0.00	0.00
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
		2.00	2.00
. I	Loan Repayments Made	0.00	0.00
. 1	oans Made	0.00	0.00
. F	Refunds of Contributions To:		
((a) Individuals/Persons Other Than Political Committees	0.00	0.00
,	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees		
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
. (Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	69751.86	369829.34
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
		69751.86	369829.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42523.29	119882.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42523.29	119882.87
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	251.86	1779.34
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	251.86	1779.34

SCHEDIII E A /EEC Form 3V)				FOR LINE NUMBER: PAGE 6 / 56	
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)	
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	y information copied from such Reports and St	atomonte may	y not be cold or used by any norse		
or	for commercial purposes, other than using the	name and add	from the sold of dised by any person fress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Ms. Jean Allred			Date of Receipt	
	Mailing Address 1675 Terrell Mill Road			M M / D D / Y Y Y Y	
				04 06 2006	
	City	State	Zip Code	Transaction ID: 12312775	
	Marietta	GA	30067-8339	Amount of Each Receipt this Period	
	FEC ID number of contributing			050.00	
	federal political committee.	C		250.00	
	Name of Employer Georgia Hospital Associat-	Occupation			
	ion		ink Account Executive		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		230.00		
ь	Full Name (Last, First, Middle Initial)			Data of Danaint	
В.				Date of Receipt	
	Mailing Address 4002 Sunhill Court	04 06 2006			
	City	State	Zip Code	Transaction ID: 12312776	
	Woodstock	GA	30189-2561		
		GA	30169-2361	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	rederal political committee.				
	Name of Employer	Occupation	1	7	
	Georgia Hospitál Association	Senior Vi	ce President & CFO		
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General			1	
	Other (specify)		500.00		
	Full Name (Last, First, Middle Initial)				
C.	Ms. Rita Culvern			Date of Receipt	
	Mailing Address 1067 Peachtree Street			0 4 0 6 2 0 0 6	
	Oit.	01-1-	7:- 0 - 4 -		
	City	State	Zip Code	Transaction ID: 12312777	
	Louisville	GA	30434-1599	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.	<u> </u>			
	Name of Employer	Occupation	 1	┥	
	Jefferson Hospital		rator/CEO		
	Receipt For:		Year-to-Date ▼	7	
	Primary General	33 -3		1	
	Other (specify) ▼		250.00		
				1	
ء	UBTOTAL of Receipts This Page (optional)			1000.00	
\vdash	22.2.7.2 of 1.000.pto 1110 rago (optional)			-	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/56
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. W. Daniel Barker			Date of Receipt
Mailing Address 50 South Prado NE	Otata	7'- 0-1-	04 06 2006
City <u>A</u> tlanta	State GA	Zip Code 30309-3309	Transaction ID: 12312778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wesley Woods Center of Em- ory Universit	Occupation Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Kevin Bloye	•		Date of Receipt
Mailing Address 2813 Bakers Bridge D	04 / 06 / 2006		
City Douglasville	State GA	Zip Code 30134-862	Transaction ID: 12312781
FEC ID number of contributing		30134-002	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Georgia Hospital Associat-	Occupation Vice Pres	n sident of Public Relations	
ion Receipt For:		e Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼	0 0	8 8 8 8 8 8	
Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden			Date of Receipt
Mailing Address 900 Powers Ferry Roa Suite 104	ıd		04 06 7 2006
City	State	Zip Code	Transaction ID: 12312782
Marietta	GA	30067-5774	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgia Hospital Associat-	Occupation		
ion Receipt For:		of Fiscal Services e Year-to-Date ▼	
Primary General	199.194		1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		
	-···j/ ······	······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 56
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
Α.	Mr. O.J. Booker			Date of Receipt
	Mailing Address 460 Sunset Circle			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 12312783
	Forsyth	GA	31029-1671	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Monroe County Hospital	Occupation		
	Receipt For:		ecutive Officer e Year-to-Date ▼	_
	Primary General	Aggregate	real-10-Date V	1
	Other (specify) ▼		250.00	
_				1
В.	Full Name (Last, First, Middle Initial) Mr. Cal Calhoun			Date of Receipt
	Mailing Address 85 Rumson Court			M M / D D / Y Y Y Y
	-	04 06 2006		
	City	State	Zip Code	Transaction ID: 12312785
	Smyrna	GA	30080-8009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	_
	Name of Employer Georgia Hospital Associat-		sident, Financial Services	
	ion Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			1
C.	Mr. A. Donald Faulk, Jr.			Date of Receipt
	Mailing Address 300 Lokchapee Drive			04 06 2006
	City	State	Zip Code	Transaction ID: 12312791
	Macon	GA	31210-4209	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Central Georgia Health Sy-	Occupation		7
	stem		t & Chief Executive Officer	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		500.00	
_				1
	UDTOTAL (CD.) 11 THE DOLLAR TO			1000.00
	UBTOTAL of Receipts This Page (optional)			
Т	OTAL This Period (last page this line number of	nly)		

PAGE 9/56 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. Danae Gambill Mailing Address 1345 Towne Lake Hills S. Drive 0.4 2006 06 2000-402 Zip Code City State Transaction ID: 12312794 Woodstock GA 30189-5350 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Georgia Hospital Associat-Occupation Director of Government Relations ion Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Lynn Hale Date of Receipt Mailing Address 2016 Harbor Forest Drive 0.4 06 2006 City Zip Code Transaction ID: 12312796 State Marietta GA 30064-8378 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Georgia Hospital Associat-Occupation Assistant to the President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Ms. Martha Harrell Date of Receipt Mailing Address 109 Springs Drive 2006 0.4 06 Citv State Zip Code Transaction ID: 12312798 Roswell GA 30075-4825 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Georgia Hospital Associat-Occupation VP Educational Services Receipt For: Aggregate Year-to-Date ▼ General Primary 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 56		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
Ш	EIVIIZED RECEIP I S		Detailed Summary Page	X 11a 11b 11c 12		
			, , , , ,	13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Philip Jackson	Date of Receipt				
	Mailing Address 1675 Terrell Mill Road	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	State	Zip Code	Transaction ID: 12312801		
	Marietta	GA	30067-8339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Georgia Hospital Associat- ion	Occupatio Director	n of Grassroots and Advocacy			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	1 1		1		
	Other (specify) ▼	0 0	250.00			
В.	Full Name (Last, First, Middle Initial) Ms. Dorothy Vi B. Naylor	Date of Receipt				
	Mailing Address 190 Hunting Creek Drive	04 06 7 2006				
	City	Transaction ID: 12312803				
	Marietta	GA	30068-3416	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Georgia Hospital Associat- ion	Occupatio Executive	n e Vice President			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	1 1		1		
	Other (specify)	0 0	500.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Charles H Orrick			Date of Receipt		
	Mailing Address 6064 Scott Drive	04 06 2006				
	City	State	Zip Code	Transaction ID: 12312804		
	Donalsonville	GA	39845-6132	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Donalsonville Hospital	Occupatio Administ				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
s	UBTOTAL of Receipts This Page (optional)		······	1000.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate sche or each category or Detailed Summary Any information copied from such Reports and Statements may not be sold or used be or for commercial purposes, other than using the name and address of any political or NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David J Owens Mailing Address 749 Magnolia Street City State Zip Code Monticello GA 31064-4563	f the Page X 11a 11b 11c 12 13 14 15 16 17 by any person for the purpose of soliciting contributions
Any information copied from such Reports and Statements may not be sold or used be or for commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes. Full Name (Last, First, Middle Initial) Mr. David J Owens Mailing Address 749 Magnolia Street City State Zip Code	Page X 11a 11b 11c 12 13 14 15 16 17 Date of Receipt Date of Receipt
Any information copied from such Reports and Statements may not be sold or used be or for commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes, other than using the name and address of any political commercial purposes.	py any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. Date of Receipt
or for commercial purposes, other than using the name and address of any political composed in t	py any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. Date of Receipt
or for commercial purposes, other than using the name and address of any political composed in t	Date of Receipt
American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David J Owens Mailing Address 749 Magnolia Street City State Zip Code	M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. David J Owens Mailing Address 749 Magnolia Street City State Zip Code	M M / D D / Y Y Y Y
A. Mr. David J Owens Mailing Address 749 Magnolia Street City State Zip Code	M M / D D / Y Y Y Y
City State Zip Code	
Monticello GA 31064-4563	Transaction ID: 12312805
	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Jasper Memorial Hospital Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) B. Mr. Joseph A. Parker	Date of Receipt
Mailing Address 3497 Mill Bridge Drive	0 4 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	Transaction ID: 12312806
Marietta GA 30062-5598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Georgia Hospital Association Occupation President & Chief Executive	e Officer
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00
Full Name (Last, First, Middle Initial) C. Mr. Glenn Pearson	Date of Receipt
Mailing Address 660 Crossfire Ridge	0 4 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	Transaction ID: 12312807
Marietta GA 30064-1393	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Georgia Hospital Association Cupation Occupation Executive Vice President	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00
SUBTOTAL of Receipts This Page (optional)	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/56			
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17			
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)						
۹.	Mr. Earl Rogers			Date of Receipt			
	Mailing Address 1675 Terrell Mill Road			M M / D D / Y Y Y Y			
				04 06 2006			
	City	State	Zip Code	Transaction ID: 12312810			
	Marietta	GA	30067-8339	Amount of Each Receipt this Period			
	FEC ID number of contributing			500.00			
	federal political committee.	C		300.00			
	Name of Employer	10		_			
	Name of Employer Georgia Hospital Associat-	Occupation		Polo			
	ion		ce President, Government F Year-to-Date V				
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼				
	Other (specify)	' '	500.00				
	Other (specify)			J.			
	Full Name (Last First Middle Initial)						
3.	Full Name (Last, First, Middle Initial) Ms. Temple Sellers			Date of Receipt			
	Mailing Address 1782 Briar Lake Circle			M M / D D / Y Y Y Y			
	1702 Briai Earc Office			04 06 2006			
	City	State	Zip Code	Transaction ID: 12312814			
	Decatur	GA	30033-1110	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		250.00			
	Name of Employer Georgia Hospital Associat-	Occupation					
	ion		ry Legislative Counsel				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		250.00	1			
	U Other (specify) ▼		230.00				
•	Full Name (Last, First, Middle Initial) Mr. R. Timothy Stack			Date of Receipt			
J .	Mailing Address 2001 Peachtree Road N			M M / D D / Y Y Y Y			
	Suite 400	_		04 06 2006			
	City	State	Zip Code	Transaction ID: 12312818			
	Atlanta	GA	30309-1476	Amount of Each Receipt this Period			
			3333	Attribute of Edot Freedipt this Fored			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Piedmont Healthcare	Occupation					
			& Chief Executive Officer				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	1	500.00	1			
	Other (specify) ▼		300.00				
				1050.00			
S	SUBTOTAL of Receipts This Page (optional)						
_	UBTOTAL of Receipts This Page (optional)			1200.00			
_	UBTOTAL of Receipts This Page (optional))	12000			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/56
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Cindy R Turner			Date of Receipt
	Mailing Address 248 Twin Lakes Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12312821
	Nicholls	GA	31554-3614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bacon County Hospital and Health Syste	Occupation Chief Fin	n ancial Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Karen Waters Mailing Address 1569 Asheforde Drive			Date of Receipt
			7. 0. 1	04 06 2006
	City	State	Zip Code	Transaction ID: 12312825
	Marietta	GA	30068-1850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Vice Pres	n sident, Professional Services	:
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
С.	Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin, MSN, RN, C			Date of Receipt
	Mailing Address 1211 Union Avenue Suite 700			04 07 2006
	City Memphis	State TN	Zip Code 38104-6638	Transaction ID: 12322316 Amount of Each Receipt this Period
	•	IIN	30104-0030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Methodist Healthcare	Occupation Sr. Vice I		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
 -	OTAL This Period (last page this line number o	nlv)	•	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 56
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Julie MacDonald			Date of Receipt
Mailing Address 49362 Bugle Court			04 / 07 / 2006
City	State	Zip Code	Transaction ID: 12322317
Plymouth	MI	48170-2899	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Saint Joseph Mercy Health System	Occupation Sr. VP, F	n Patient Care Services & COC	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	500.00	1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Ms. Susan J. Wilder, MBA, RN			Date of Receipt
Mailing Address 3330 Lomita Blvd.			04 07 2006
City	State	Zip Code	Transaction ID: 12322318
<u>Torrance</u>	CA	90505-5073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Torrance Memorial Medical Center	Occupation Director,	n Nursing Staff Services	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)			
Ms. Ann Van Slyck, RN, MSN, C			Date of Receipt
Mailing Address 7600 N. 16th Street Suite 200			04 / 07 / 4 2006
City	State	Zip Code	Transaction ID: 12322319
Phoenix	AZ	85020-4431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Van Slyck & Associates	Occupation President	n t & Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number o	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 56 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Denise M. Lucas, RN, MSN, C Mailing Address 100 Hospital Avenue P.O. Box 447 City Du Bois FEC ID number of contributing	State PA	Zip Code 15801-1499	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Du Bois Regional Medical Center Receipt For: Primary General Other (specify)	Occupation V.P., Pat	n ient Services/Chief Nurse Ex e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Daniel Waldmann Mailing Address 2001 19th Street, NW Suite 5 City Washington FEC ID number of contributing federal political committee. Name of Employer TENET Healthcare Corporation Receipt For:		Zip Code 20009-1343 n sident, Government Relations e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		250.00	
٠ <u>٠</u> .	Mr. Robert C. Kidd, II, FACHE/ Mailing Address 3403 Yucca Road City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Wyoming Hospital Association Receipt For: Primary General Other (specify) ▼	State WY C Occupation President Aggregate		Date of Receipt M M M / D D M 2006 Transaction ID: 12322686 Amount of Each Receipt this Period 1000.00
s	UBTOTAL of Receipts This Page (optional)			1750.00
T	OTAL This Period (last page this line number o	nlv)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/56
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Larry Walker			Date of Receipt
Mailing Address 4848 Hastings Drive			04 06 7 2006
City	State	Zip Code	Transaction ID: 12322716
Lake Oswego	OR	97035-5745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Legacy Mount Hood Medical Center	Occupation Trustee	١	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Mr. William E Winter			Date of Receipt
Mailing Address 16686 SW McFee Place	9		04 / 06 / 906
City	State	Zip Code	Transaction ID: 12322717
Hillsboro	OR	97123-9040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Silverton Hospital	Occupation		
Receipt For:		rative Director Year-to-Date Total Total	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. James A Wathen			Date of Receipt
Mailing Address 1465 Beach Loop Road			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12322718
Bandon	OR	97411-8801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Southern Coos Hospital and	Occupation	1	7
Health Cent		ecutive Officer	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Pariod (last page this line number o	nlv)	·	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 56
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Carol Kunau			Date of Receipt
	Mailing Address 10123 Southeast Marke	et Street		04 06 7 2006
	City	State	Zip Code	Transaction ID: 12322719
	Portland	OR	97216-2532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Adventist Medical Center	Occupation VP, Patie	n ent Care Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
В.	Full Name (Last, First, Middle Initial) Mr. Dan M. Harrison			Date of Receipt
	Mailing Address 110 South Lane			04 10 2006
	City	State	Zip Code	Transaction ID: 12322724
	Newton	MS	39345-2908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rush Foundation Hospital	Occupation	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify)		250.00	
			0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Mr. Paul Gardner			Date of Receipt
	Mailing Address 859 Winter Street			04 10 2006
	City	State	Zip Code	Transaction ID: 12322778
	Lucedale	MS	39452-6603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer George County Hospital	Occupation Administration		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00	
	Other (specify)	0 0	700.00	
s	UBTOTAL of Receipts This Page (optional)		.	1250.00
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S	CHEDULE A (FEC Form 3X)	Llas concrete cobodula(a)		FOR LINE NUMBER: PAGE 18 / 56
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Rick Napper			Date of Receipt
	Mailing Address 100 Covewood Lane			04 10 2006
	City	State	Zip Code	Transaction ID: 12322784
	Corinth	MS	38834-7200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Magnolia Regional Health Center	Occupation	١	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	500.00	_
В.	Full Name (Last, First, Middle Initial) Mr. Danny Chun			Date of Receipt
	Mailing Address 303 North Oak Park Av	/enue		0 4
	City	State	Zip Code	Transaction ID: 12322798
	Oak Park	IL	60302-2189	Amount of Each Receipt this Period
	EEO ID			500.00
	FEC ID number of contributing federal political committee.	C		500.00
	federal political committee. Name of Employer Illinois Hospital Associa-	Occupation		500.00
	federal political committee. Name of Employer	Occupation Vice Pres	n sident, Communications • Year-to-Date ▼	500.00
	Name of Employer Illinois Hospital Association	Occupation Vice Pres	sident, Communications Year-to-Date	500.00
	Name of Employer Illinois Hospital Association Receipt For:	Occupation Vice Pres	sident, Communications	500.00
	Name of Employer Illinois Hospital Association Receipt For: Primary General	Occupation Vice Pres	sident, Communications Year-to-Date	Date of Receipt
C.	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Vice Pres Aggregate	sident, Communications Year-to-Date]
c.	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke	Occupation Vice Pres Aggregate	sident, Communications Year-to-Date	Date of Receipt
c.	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke Mailing Address 800 North Rutledge Sti	Occupation Vice Pres Aggregate	sident, Communications Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke Mailing Address 800 North Rutledge Str	Occupation Vice Pres Aggregate Aggregate State	sident, Communications Year-to-Date ▼ 500.00 Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke Mailing Address 800 North Rutledge Str City Springfield FEC ID number of contributing	Occupation Vice Pres Aggregate State IL C	zident, Communications Year-to-Date ▼ 500.00 Zip Code 62781-0002	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke Mailing Address 800 North Rutledge Structure City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For:	Occupation Vice Pres Aggregate State IL C Occupation President	zident, Communications Year-to-Date ▼ 500.00 Zip Code 62781-0002	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke Mailing Address 800 North Rutledge Structure City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For: Primary General	Occupation Vice Pres Aggregate State IL C Occupation President	Zip Code 62781-0002 Zip Code 7 **Chief Executive Officer** The executive officer of the executive of the	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c .	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke Mailing Address 800 North Rutledge Structure City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For:	Occupation Vice Pres Aggregate State IL C Occupation President	Zip Code 62781-0002	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke Mailing Address 800 North Rutledge Structure City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For: Primary General	Occupation Vice Pres Aggregate State IL C Occupation President Aggregate	Zip Code 62781-0002 **Security Code Code Code Code Code Code Code Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X) Use separate schedule(s)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 19/56	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. –
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or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from s	uch committee.		
	NAME OF COMMITTEE (In Full)		·		
$ \rangle$	American Hospital Association PAC				
\angle	·				
	Full Name (Last, First, Middle Initial)				
Α.	Ms. Barbara Martin			Date of Receipt	
	Mailing Address 1324 North Sheridan Re	oad		04 06	2006
	City	State	Zip Code	Transaction ID: 123	
	Waukegan	IL	60085-2161	Amount of Each Red	
	FEC ID number of contributing			7 111100111 01 20011 1100	
	federal political committee.	C			500.00
	Name of European	Lowers			
	Name of Employer Vista Health-Saint Therese	Occupation	ecutive Officer		
	Medical Cen Receipt For:		Year-to-Date V	-	
	Primary General	riggregate	Total to Bate V		
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 500 West Court Street			0 4	2006
	City	State	Zip Code	Transaction ID: 123	
	Kankakee	IL	60901-3661	Amount of Each Red	
			00901-3001	Amount of Each Nec	eipi iriis Feriod
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Provena St. Mary's Hospit-	Occupation			
	<u>al</u>		and Chief Executive Officer	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		500.00		
	care (eposing) \				
	Full Name (Last, First, Middle Initial)				
C.	Mr. Harry Wolin			Date of Receipt	
	Mailing Address P O Box 530			0 4 0 6	2006
	City	State	Zip Code	Transaction ID: 123	
	Havana	IL	62644-0530	Amount of Each Red	
			02044 0300	Amount of Lacif Rec	elpt triis r eriou
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Mason District Hospital	Occupation			
	·		rator and Chief Executive Off		
		Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			250.00		
s	UBTOTAL of Receipts This Page (optional)				1250.00
T	OTAL This Period (last page this line number of				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 56
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, , M.D.			Date of Receipt
	Mailing Address 55 Fruit Street			04 12 2006
	City	State	Zip Code	Transaction ID: 12335154
	Boston	MA	02114-2622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts General Hos-	Occupation President		
	pital Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Christine C Schuster			Date of Receipt
٠.	Mailing Address 114 Whitwell Street			M M / D D / Y Y Y Y
				04 12 2006
	City	State	Zip Code	Transaction ID: 12335155
	Quincy	MA	02169-1870	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerson Hospital	Occupation President	n t and Chief Executive Office	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Carol Reineck, Ph.D., CCR			Date of Receipt
	Mailing Address 15111 Oak Loft			M M / D D / Y Y Y Y
				04 12 2006
	City	State	Zip Code	Transaction ID: 12335167
	San Antonio	TX	78232-4617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 n	7
	Name of Employer University of Texas Health Science Cen		Professor in Acute Nursing	
	Receipt For:		e Year-to-Date ▼	
	Primary General	-50		1
	Other (specify) ▼	L	250.00	
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s	UBTOTAL of Receipts This Page (optional)			750.00
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ements may ame and add	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Ronald J. Epps, D.V.M. Mailing Address 223 Cobbs Lane			Date of Receipt
				04 12 2006
	City Waco	State TX	Zip Code	Transaction ID: 12335174
	FEC ID number of contributing federal political committee.	C	76708-7085	Amount of Each Receipt this Period 250.00
	Name of Employer Harris Methodist-HEB	Occupation Trustee		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
3	Full Name (Last, First, Middle Initial) Mr. Craig A. Becker			Date of Receipt
٠.	Mailing Address 9616 Brunswick			0 4 1 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 12345800
	Brentwood FEC ID number of contributing federal political committee.	C	37027-8467	Amount of Each Receipt this Period 1000.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation President		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
).	Full Name (Last, First, Middle Initial) Mr. William Gracey			Date of Receipt
Mailing Address 103 Powell Court, Suite 200		200		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 12345801
	Brentwood FFG ID number of contribution	TN	37027-5079	Amount of Each Receipt this Period
LifeDoint Heenifale Inc				1000.00
		Occupation Chief Ope	n erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
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COLLEDIN E A (EEO Essen CV)		F		FOR LINE NUMBER: PAGE 22 / 56
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page		X 11a 11b 11c 12
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any personal distribution of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Monty McLaurin			Date of Receipt
	Mailing Address 2000 Brookside Drive			04 12 2006
	City	State	Zip Code	Transaction ID: 12345802
	Kingsport	TN	37660-4682	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Indian Path Medical Center		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1080 Cedar Drive Cedar Lake Estates			04 12 2006
	City	State	Zip Code	Transaction ID: 12345803
	Camden	<u>TN</u>	38320-6033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	 1	┥
	Name of Employer Baptist Memorial Hospital- Huntingdon	Vice Cha		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify) ▼	0 0	500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Mary Layne Van Cleave			Date of Receipt
	Mailing Address 1208 Brookview Drive			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12345804
	Brentwood	TN	37027-8424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation Sr. Vice F		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		4000.00	1
	Other (specify)		1000.00	
				_
١	UBTOTAL of Receipts This Page (optional)			2000.00
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S	CHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 23 / 56
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. James F. Ahrens			Date of Receipt
	Mailing Address Post Office Box 5119			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 12345805
	Helena	MT	59604-5119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MHA: An Assoc. of Montana Health Care	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. John W. Flink			Date of Receipt
	Mailing Address 1720 9th Avenue			0 4 1 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 12345806
	Helena	MT	59601-4657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer MHA: An Assoc. of Montana Health Care	Occupation VP, Gove	n ernment & Public Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	· · ·	250.00	
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Mark T. O'Neil, Jr.			Date of Receipt
	Mailing Address 2701 DeKalb Street			04 12 2006
	City	State	Zip Code	Transaction ID: 12345807
	Norristown	PA	19401-1820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Suburban Hospital	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 24 / 56
	•	Use separate schedule(s) or each category of the		(check only one)
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Kerry G Gillihan, , FACHE			Date of Receipt
	Mailing Address 2050 Versailles Road			0 4 1 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 12345818
	Lexington	KY	40504-1499	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Cardinal Hill Rehabilitat-	Occupation	1	
	ion Hospital	President	and Chief Executive Officer	•
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	200.00	
В.	Full Name (Last, First, Middle Initial) Ms. Nancy G. Rust			Date of Receipt
	Mailing Address 937 Woodland Heights	Drive		M M / D D / Y Y Y Y
	307 Woodiana noighto	04 12 2006		
	City	State	Zip Code	Transaction ID: 12345820
	Louisville	KY	40245-5219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	`	_
	Name of Employer	Homema		
	Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	Teal-lo-Date ♥	1
	Other (specify)		500.00	
		0 0	0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) Mr. Michael T. Rust			Date of Receipt
	Mailing Address 937 Woodland Heights	Drive		04 12 2006
	City	State	Zip Code	Transaction ID: 12345821
	Louisville	KY	40245-5219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	7
	Kentucky Hospital Associa- tion		and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	111		1
	Other (specify) ▼		500.00	
				4050.00
s	UBTOTAL of Receipts This Page (optional)			1250.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 56
	•		Use separate schedule(s)	(check only one)
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Ar	y information copied from such Reports and St	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American respital Association 1 Ac			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mrs. Susan Stout Tamme			Date of Receipt
	Mailing Address 7106 Oak Terrace			M M / D D / Y Y Y Y
				04 12 2006
	City	State	Zip Code	Transaction ID: 12345822
	Pewee Valley	KY	40056-9069	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Baptist Hospital East	Occupation		
	<u> </u>	President	•	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Al Allee			Date of Receipt
	Mailing Address Post Office Box 791			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
				04 05 2006
	City	State	Zip Code	Transaction ID: 12345862
	Hollis	OK	73550-0791	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.	<u> </u>		300.00
	Name of Employer	Occupation	า	-
	Name of Employer Memorial Hospital and Phy-		ecutive Officer	
	sician Group Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0	Tour to Date (1
	Other (specify) ▼		433.95	
	Cure (epocus)	0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
C.	Mr. Thomas Henton			Date of Receipt
	Mailing Address 1401 West Pawnee Str	eet		M M / D D / Y Y Y Y
				04 05 2006
	City	State	Zip Code	Transaction ID: 12345869
	Cleveland	OK	74020-3019	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Cleveland Area Hospital	Occupation		
		Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00]
	Other (specify)		200.00	1
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				1050.00
S	UBTOTAL of Receipts This Page (optional)			1050.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Ar	ry information copied from such Reports and Statements for commercial purposes, other than using the name an	s may not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	d address of any political committee to	Solicit Contributions from Such Committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Jane McDowell Mailing Address Post Office Box 90		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Stat Waurika OK FEC ID number of contributing	•	Transaction ID: 12345872 Amount of Each Receipt this Period
	federal political committee. Name of Employer Jefferson County Hospital Occu Adm	pation inistrator egate Year-to-Date ▼ 500.00	500.00
В.	Full Name (Last, First, Middle Initial) Mr. Raymond L Replogle Mailing Address 1924 South Utica Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Suite 600 City Stat Tulsa OK	'	Transaction ID: 12345876 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	St. John Sapulpa Presi	pation ident and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Mr. Scott M. Street		Date of Receipt
	Mailing Address 1407 North Whisenant Drive	Tin Oada	04 05 2006
	City Stat Duncan OK	•	Transaction ID: 12345877 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Duncan Regional Hospital Presi	pation ident and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)	>	1250.00
т	OTAL This Period (last page this line number only)	>	

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27/56
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Ronald W Webb			Date of Receipt
	Mailing Address 430 North Monta Vista			04 05 7 2006
	City	State	Zip Code	Transaction ID: 12345880
	Ada	OK	74820-4610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Valley View Regional Hosp-	Occupation	n	
	ital		t and Chief Executive Office	•
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	500.00	
_	Full Name (Last, First, Middle Initial)			Data of Baselini
В.	Mr. Robert A. Hanner Mailing Address 510 Harden Street			Date of Receipt
				04 13 2006
	City	State	Zip Code	Transaction ID: 12366341
	Columbia	SC	29205-2231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Three Rivers Center for	Occupation	n	
	Behavioral Hea Receipt For:	CEO	e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)		250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. William T Manson, III			Date of Receipt
	Mailing Address 300 Holly Ridge Drive			0 4 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 12366342
	Anderson	SC	29621-2069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer AnMED Health Medical Cent-	Occupation		7
	er		Vice President & COO	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

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SCHEDULE A (FEC Form 3X)			Llas sanarata sahadula(s)	FOR LINE NUMBER: PAGE 28/56
ITEMIZED RECEIPTS			or each category of the	(check only one)
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Δr	y information copied from such Reports and Statemer	nte may	not be sold or used by any perso	
or	for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle				
Α.	Full Name (Last, First, Middle Initial) Mr. Charles C. Thornton, Jr., CPA			Date of Receipt
Α.	Mailing Address Post Office Box 1486			M M / D D / Y Y Y Y
	FOSI Office Box 1400			04 13 2006
	City St	ate	Zip Code	Transaction ID: 12366343
	<u>Anderson</u> So	С	29622-1486	Amount of Each Receipt this Period
	FEC ID number of contributing	T .		050.00
	federal political committee.			250.00
	AnMED Health Medical Cent.	cupation stee		
	<u>e</u> i		Year-to-Date ▼	
	Primary General	grogato	Total to Buto ¥	1
	Other (specify) ▼		250.00	
				d .
В.	Full Name (Last, First, Middle Initial) Mr. John A Miller, , Jr., FAC			Date of Receipt
	Mailing Address 800 North Fant Street			M M / D D / Y Y Y Y
				04 13 2006
	•	ate	Zip Code	Transaction ID: 12366344
	Anderson So	<u>C</u>	29621-5793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			750.00
	Name of Employer Occ	cupation	1	
	AnMED Health Medical Cent-	sident		
		gregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	750.00	
C.	Full Name (Last, First, Middle Initial) Mr. Michael R Gloor, , FACHE			Date of Receipt
-	Mailing Address 3115 Brentwood Circle			M M / D D / Y Y Y Y
				04 18 2006
	•	ate	Zip Code	Transaction ID: 12385401
	Grand Island N	<u>E</u>	68801-7217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	Г'		250.00
	federal political committee.			
	Name of Employer Saint Francis Medical Cen-	cupation		
	ter Pre	sident	and Chief Executive Officer	r
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	200.00	
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S	UBTOTAL of Receipts This Page (optional)			1250.00
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S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 29 / 56
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and ado	rnot be sold or used by any personal distribution of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Robert L Driewer, , CHE			Date of Receipt
	Mailing Address P O BOX 869			04 18 2006
	City	State	Zip Code	Transaction ID: 12385402
	Norfolk	<u>NE</u>	68702-0869	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Faith Regional Health Ser- vices	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	250.00	1
	Other (specify)	0 0	8 8 8 8 8 8	
В.	Full Name (Last, First, Middle Initial) Ms. Margaret H. Jordan			Date of Receipt
	Mailing Address 611 Ryan Plaza Dr Ste Suite 5D	900		04 18 2006
	City	State	Zip Code	Transaction ID: 12385426
	Arlington	TX	76011-4008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Texas Health Resources	Occupation Executive	n e Vice President, Corp. Affai	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	☐ Other (specify) ▼	0 0	0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		04 / 18 / 2006
	City	State	Zip Code	Transaction ID: 12385429
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	American Heenital Accords		1	
			ciate Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (Specify) ♥		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			1500.00
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T	OTAL This Period (last page this line number of	only)		

S	SCHEDULE A (FEC Form 3X) Use separate sched			FOR LINE NUMBER:	PAGE 30 / 56
	ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)	, –
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle	'				
	Full Name (Last, First, Middle Initial)			5. (5.).	
A.	Mr. Cassius Williams			Date of Receipt	
	Mailing Address 2100 Stantonsburg Roa	ad		0 4 1 8	2006
	City	State	Zip Code	Transaction ID: 12	
	Greenville	NC	27834-2818	Amount of Each Re	
	FEC ID number of contributing			7 51 24511 115	
	federal political committee.	C			250.00
	Name of Employee	10			
	Name of Employer University Health Systems	Occupation Chairman			
	of Eastern C Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	riggrogate	Tour to Bute V	1	
	Other (specify) ▼		250.00		
				·	
	Full Name (Last, First, Middle Initial)				
В.	Mr. Wayne B. Griffith			Date of Receipt	
	Mailing Address 1 Amalia Drive			0 4 1 8	2006
	City	State	Zip Code	Transaction ID: 12	
	Buckhannon	WV	26201-2276	Amount of Each Re	
			20201-2270	Amount of Each Ne	
	FEC ID number of contributing federal political committee.				1000.00
	Name of Employer Princeton Community Hospi-	Occupation			
	tal	1	ecutive Officer	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		1000.00		
				1	
	Full Name (Last, First, Middle Initial)				
C.	Mr. Kerry Harvey			Date of Receipt	
	Mailing Address 4007 Kresge Way			0 4 1 8	2006
	City	State	Zip Code	Transaction ID: 12	
	Louisville	KY	40207-4677	Amount of Each Re	
	FEC ID number of contributing		10207 1077	Amount of Each ric	
	federal political committee.	C			250.00
	Name of Employer Baptist Healthcare System	Occupation			
	Receipt For:	Board Ch	e Year-to-Date ▼	_	
	Primary General	Aggregate	: Teal-10-Date V	,	
	Other (specify)		250.00		
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s	UBTOTAL of Receipts This Page (optional)				1500.00
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T	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 56
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Douglas Shepherd			Date of Receipt
	Mailing Address 102 Irving Street NW			04 18 2006
	City	State	Zip Code	Transaction ID: 12396373
	Washington	DC	20010-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Laurel Regional Hospital	Occupation President	n t and CEO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. John J. Lynch, M.D.			Date of Receipt
	Mailing Address 4750 41st Street, NW			0 4 1 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 12397941
	Washington	DC	20016-1700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washington Hospital Center	Occupation Associate	n e Medical Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Robin E Lake			Date of Receipt
	Mailing Address Post Office Box 2339			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12549938
	Elk City	OK	73648-2339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Great Plains Regional Med- ical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
S	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 56
ITEMIZED RECEIPTS			or each category of the	(check only one)
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۸	information and Otatana			13 14 15 16 17
or	y information copied from such Reports and Statem for commercial purposes, other than using the name	e and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
<u>/</u>				
۸	Full Name (Last, First, Middle Initial) Mr. Jerry G Moeller			Date of Receipt
٠.	Mailing Address P O Box 2408			M M / D D / Y Y Y Y
				0 4 2 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 12549939
	Stillwater	OK	74076-2408	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		200.00
	Name of Employer O Stillwater Medical Center	ccupation	1	7
	Stillwater Medical Center P	resident	and Chief Executive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	300.00	
	Full Name (Last, First, Middle Initial)			
3.	Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW	M M / D D / Y Y Y Y		
	Suite 700			
	•	State DC	Zip Code	Transaction ID: PR1045726216793
		DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Amorican Hospital Associa	ccupation		
	tion-Washingt V		ef Washington Counsel Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-Date ▼	D/D Doduction /040 00 Di
	Other (specify)		360.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial)			B (B
J.	Mr. Lindsay Mac Robinson Mailing Address 107 East Lane			Date of Receipt
	Walling Address 107 East Lane			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR327727316793
	Lake Barrington	IL	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing	С		80.00
	federal political committee.	<u> </u>		55.55
	Name of Employer O American Hospital Associa-	ccupation	1	7
	tion-Chicago V	ice Pres	sident, PMGs	
		Aggregate	Year-to-Date ▼	
	Primary General		360.00	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify) ▼	0 0		/ Vectory)
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s	UBTOTAL of Receipts This Page (optional)		.	410.00
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Т	OTAL This Period (last nage this line number only)		•	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 56
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745916793
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Grassroots Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858016793
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		e Director, AHAPAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327877816793
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.32
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago	Regional	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	374.94	P/R Deduction (\$41.66 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			243.32
	· · · · · · · · · · · · · · · · · · ·			
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 56
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and Sta	tomonto mo	reat he hald ar used by any person	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327942116793
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation President		
	tion-Washingt Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$40.00 Bi-
	Other (specify)		360.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328136916793
	<u>La Grange</u>	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice I	n President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328224816793
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Washingt	Regional	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$40.00 Bi- Weekly)
_ s	UBTOTAL of Receipts This Page (optional)			240.00
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 56
ITEMIZED RECEIPTS	or each category of the	(check only one)
TI LIMIZED TIEGEII 13	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statement	ents may not be sold or used by any person	
or for commercial purposes, other than using the name	and address of any political committee to se	olicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		<u> </u>
A. Dr. James D. Bentley, Ph.D.		Date of Receipt
Mailing Address 13106 Vingle Lane		M M / D D / Y Y Y Y
011	The Oarle	DDagger to 4 a 7 a 2
•	State Zip Code MD 20906	Transaction ID: PR328224916793
	MD 20906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		80.00
Name of Employer American Hospital Associa-	ccupation	
tion-Washingt Sr	. Vice President	
	ggregate Year-to-Date ▼	
Primary General	360.00	P/R Deduction (\$40.00 Bi- Weekly)
Other (specify) ▼		Weekly)
Full Name (Last, First, Middle Initial)		Data of Descipt
Mr. Richard J. Pollack Mailing Address 325 Seventh Street, NW		Date of Receipt
Suite 700		M M / D D / Y Y Y Y
	State Zip Code	Transaction ID: PR328260916793
Washington I	OC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		160.00
American Höspital Associa-	ccupation recutive Vice President	
tion washingt	ggregate Year-to-Date	
Primary General		P/R Deduction (\$80.00 Bi-
Other (specify) ▼	720.00	Weekly)
Full Name (Last, First, Middle Initial)		B. (B.)
C. Mr. Richard H. Wade		Date of Receipt
Mailing Address 1221 Cavalier Road		M M / D D / Y Y Y
City	State Zip Code	Transaction ID: PR328310416793
Arnold	MD 21012-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee		80.00
federal political committee.		
American Hoonital Accesia	ccupation	
tion-Washingt Si	. Vice President, Communications	
	ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	P/R Deduction (\$40.00 Bi- Weekly)
Other (appeality)		
		320.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	320.00
TOTAL This Period (last page this line number only) .	>	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 56
	EMIZED RECEIPTS		or each category of the	(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12
Δη	y information copied from such Reports and Sta	stomonto mos	r not be cold or used by any para-	13 14 15 16 17
or f	or commercial purposes, other than using the n	name and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328312716793
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341816793
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n Political Action & Grassroot	
	tion-Washingt Receipt For:		Year-to-Date V	·
	Primary General	7.99.094.0		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	360.00	Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl			Date of Receipt
	Mailing Address 801 Pennsylvania Ave, I #245	NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328767016793
	Washington	DC	20004-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt		ident, Federal Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$40.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)		_	240.00
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SCI	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 56
	MIZED RECEIPTS		or each category of the	(check only one)
- -	<u> </u>		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any i	nformation copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	r commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	AME OF COMMITTEE (In Full)			
/ ^	merican Hospital Association PAC			
	ull Name (Last, First, Middle Initial)			B. (B.).
_	lr. W. Thomas Deweese lailing Address 500 Interstate Boulevard	l Couth		Date of Receipt
	Job Interstate Boulevard	i South		W W / B B / T T T T T T
	ity	State	Zip Code	Transaction ID: PR329215716793
<u>N</u>	lashville	TN	37210-4634	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		80.00
Ň	ame of Employer merican Hospital Associa-	Occupation	n	7
<u>tio</u>	on-Chicago		Executive	
R	eceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		360.00	P/R Deduction (\$40.00 Bi- Weekly)
			0 0 0 0 0 0	**
	ull Name (Last, First, Middle Initial) Ir. Paul N. Muraca			Date of Receipt
_	lailing Address 4960 138th Circle West			M " M / D " D / Y " Y " Y " Y
_		0	7: 0 1	
	ity opple Vallev	State MN	Zip Code 55124-9229	Transaction ID: PR330475416793
_	EC ID number of contributing		33124-9229	Amount of Each Receipt this Period
	ederal political committee.	C		80.00
N	ame of Employer	Occupation	<u> </u>	-
A	ame of Employer merican Hospital Associa- on-Chicago		Executive	
	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		360.00	P/R Deduction (\$40.00 Bi- Weekly)
Į.	Other (specify) ▼	1 1		vveekiy)
	ull Name (Last, First, Middle Initial)			Data of Daggint
_	r. Donald Nielsen, MD lailing Address 195 Oxford Court			Date of Receipt
_	133 Oxiora Court			
	ity	State	Zip Code	Transaction ID: PR330524816793
	lamo	CA	94507-1753	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		80.00
-	one of Employer	l Ossumation		-
A	ame of Employer merican Hospital Associa- on-Chicago	Occupation Senior Vi	ce President	
	eceipt For:	1	e Year-to-Date ▼	
	Primary General		360.00	P/R Deduction (\$40.00 Bi-
Į.	Other (specify) ▼		000.00	Weekly)
				240.00
SUE	BTOTAL of Receipts This Page (optional)		······	240.00
тот	FAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 38 / 56 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr. Date of Receipt Mailing Address PO Box 15587 City State Zip Code Transaction ID: PR331416016793 <u>Austin</u> TX 78761-5587 Amount of Each Receipt this Period FEC ID number of contributing 83.32 C federal political committee. Name of Employer American Hospital Associa-Occupation AHA Regional Executive for TX tion Receipt For: Aggregate Year-to-Date ▼ General Primary P/R Deduction (\$41.66 Bi-374.94 Weekly) Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Donald May Date of Receipt Mailing Address 521 Great Falls Street City State Zip Code Transaction ID: PR331533216793 Falls Church V٨ 22046-2613 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Vice President, Policy Aggregate Year-to-Date V Receipt For: Primary General P/R Deduction (\$40.00 Bi-340.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	163.32
TOTAL This Period (last page this line number only)	<u></u>	33656.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 56 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	 y not be sold or used by any pers dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 City Austin FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 78761-5587 0301325 n e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 95814 0237495 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 17105-8600 0128082 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	98400.00
TOTAL This Period (last page this line number	only)		98400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 40/56 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 0 4 28 2006 City Zip Code State Transaction ID: 12516677 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 328.07 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Bank Interest Received 1316.14 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	328.07
TOTAL This Period (last page this line number only)	•	328.07

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5	CHEDULE B (FEC Form 3X)	Use seper	rate schedule(s)			E NUMBER: PAGE 41 / 56
IT	EMIZED DISBURSEMENTS	for each c	ategory of the		check or	
		Detailed S	Summary Page	-	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Δn	y Information copied from such Reports and Statem	ents may no	t he sold or used	l by ar		
	for commercial purposes, other than using the name					
\setminus	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial)					Transaction ID: 12516679
Α.	Merchant Bankcard					Date of Disbursement
	Mailing Address 1601 Elm Street					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & O & D \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O & O \\ Z & O & O & G \end{bmatrix}$
		State TX	Zip Code 75201			Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee			C	01	109.62
	Candidate Name				egory/ ype	
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General			Bank Fee
	State: District:					
В.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.					Transaction ID: 12516678 Date of Disbursement
	Mailing Address 1400 G Street, NW					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	<i>y</i>	State DC	Zip Code 20005			Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee			C	01	36.60
	Candidate Name				egory/ ype	
	Senate	ement For: Primary	General			Bank Fee
	President	Other (spec	cify) 🔻			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	146.22
TOTAL This Period (last page this line number only)	•	146.22

District:

State:

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)		NE NUMBEF only one)	₹:	PAGE	42 / 56	j
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan							•
 NAME OF COMMITTEE (In Full) 	e and address of any political co	minnitee to	SUILUI CUITITI	JuliOHS HOHIS	uch com	ıııııee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transa	ction ID: 123	312916		
Robert Wexler For Congress Committee			Date of	f Disbursemer			/
Mailing Address 2500 North Military Trai			0 4	04	´	0 0 6	
City Boca Raton	State Zip Code FL 33431		Amour	t of Each Disl	oursemen	t this Pe	eriod
Purpose of Disbursement	11 33431				1	000.00)
Contribution		011					
Candidate Name Rep. Robert Wexler		Category/ Type					
Senate >	ement For: 2006 Primary General Other (specify)		Contrib	oution			
State: FL District: 19							
Full Name (Last, First, Middle Initial) 3. Lincoln Chafee for U.S. Senate				ction ID: 123 Disbursemer			
						0 0 6	1
Mailing Address Po Box 7329			0 4	04		000	
City Warwick	State Zip Code RI 02887		Amoun	it of Each Disl	oursemen	t this Pe	eriod
Purpose of Disbursement			_ L.		1	000.00)
Contribution Candidate Name		011					
Sen. Lincoln Chafee		Category/ Type					
X Senate President	ement For: 2006 Primary X General Other (specify)		Contrib	oution			
State: RI District: 2 Full Name (Last, First, Middle Initial)							
Andrews For Congress Committee			Date of	ction ID: 123	nt		
Mailing Address 215 Fourth Avenue Suite 200			0 4	0 4	Ž	0 0 6	
City Haddon Heights	State Zip Code NJ 08035		Amour	t of Each Disl	oursemen	t this Pe	eriod
Purpose of Disbursement Contribution		011	L		1	000.00)
Candidate Name Rep. Robert E. Andrews		Category/ Type					
Office Sought: X House Disburs	ement For: 2006 Primary General Other (specify)	. 140	Contrib	oution			
SUBTOTAL of Disbursements This Page (optional)					3	000.00	
TOTAL This Period (last page this line number only	·		·				

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			.INE N : only (IUMBE	:H:			PAC	iL 43	/ 56
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21	b Ľ	22 28a	Х	23 28b	П	24 28c	25 29	-
	y Information copied from such Reports and State						the pu		se of s		ting co		ons
or	for commercial purposes, other than using the nar	ne and address of any politica	al com	nm	ittee t	o solic	it conti	ributi	ions fr	om s	uch co	mmitte	е
	NAME OF COMMITTEE (In Full)												
	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial)	DAG									31290	3	
Λ.	CBC PAC: Congressional Black Caucus I	PAC						of Di	isburs		nt / V	V V	,
	Mailing Address 509 C Street NE						0 4) ^D	Ĺ	ž 0 č	0.6
	City	State Zip Code					Amou	int o	f Each	n Disl	bursen	ent this	s Period
	Washington	DC 20002	1									5000	0.00
	Purpose of Disbursement 2006 Contribution		ΙГ	0	11	11	-	-	•				
	Candidate Name		Ca	ate	egory/ ype								
	Office Sought: House Disburs	sement For: Primary General			, -		2006	Cor	ntribu	tion			
	President	Other (specify)											
_	State: District: Full Name (Last, First, Middle Initial)			_									
В.	Committee To Re-Elect Trent Franks To	Congress							on ID isburs		31291 nt	2	
	Mailing Address 12416 N. 57th Drive						0 ^M 4	М	[/] DC) ^D	/ Y	žoč	6 Y
	City Glendale	State Zip Code AZ 85304					Amou	int o	f Each	n Disl	bursen	ent this	s Period
	Purpose of Disbursement	AZ 05504		_		_						2000	0.00
	Contribution		ļL	Ó	11								
	Candidate Name Rep. Trent Franks				egory/ ype								
		sement For: 2006					Contr	ibut	ion				
	Senate President	X Primary General Other (specify) ▼											
	State: AZ District: 2	care: (epoon)/ •											
C.	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert								on ID		31291 nt	5	
	Mailing Address P. O. Box 53322							М	/ D) ^D	/ Y	žoč	6 °
	City Bellevue	State Zip Code WA 98015					Amou	int o	f Each	n Disl	bursen		s Period
	Purpose of Disbursement Contribution			0	11	7		-	-	-		1000	0.00
	Candidate Name Rep. David George Reichert		Ca	ate	egory/ ype	-							
		sement For: 2006	<u> </u>	-	урс		0	ا					
	Senate	X Primary General					Contr	ibut	ion				
	State: WA District: 8	Other (specify)											
٠	IIRTOTAL of Dishursements This Base (antional)					_		-	•		8000	0.00
⊣	UBTOTAL of Disbursements This Page (optional)		•••		<u> </u>	\vdash	-	-	-			
T	OTAL This Period (last page this line number only	y)				•							

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)		-OR LINE check onl		:K:			PAGE	= 44/	56
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	Х	23 28b	\square	24 E	25 29	26 30b
	y Information copied from such Reports and State											IS
or	for commercial purposes, other than using the nan	le and address of any politica	al com	nm	ittee to so	olicit conti	rıbut	ions fr	om sı	uch com	ımıttee	
$ \rangle$	NAME OF COMMITTEE (In Full)											
\angle	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial)								_	12867		
۸.	Longhorn PAC					М	_	isburs			Y Y	Υ
	Mailing Address 228 S. Washington St. Suite B-20					0 4		C) ^D		žoó	5
	City Alexandria	State Zip Code VA 22314				Amou	ınt o	f Each	n Disb	urseme	nt this I	Period
	Purpose of Disbursement	VA 22314	Γ							-	1000.	00
	2006 Contribution		Ш	0	11						,	
	Candidate Name				egory/ /pe							
	Office Sought: House Disburs	ement For: Primary General Other (specify)				2006	Coi	ntribu	tion			
_	Full Name (Last, First, Middle Initial)					Trons		an ID	. 104	00140		
В.	Hobson For Congress					Date		isburs	emen		Y	Y
	Mailing Address 82 West Columbia					0 4		1	3		ŽOŎ	3
	City Springfield	State Zip Code OH 45503				Amou	ınt o	f Each	n Disb	urseme		
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C.	Full Name (Last, First, Middle Initial) Hayes For Congress							on ID:		03135 t		
	Mailing Address Post Office Box 2000					0 ^M 4	М	/ D	1 3	/ Y	žoó	6 Y
	City Concord	State Zip Code NC 28026				Amou	ınt o	f Each	n Disb	urseme	nt this	Period
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	Mailing Address PO Box 437						o ^N	4	И	Ĺ	1:	3 /	_ ·	žoŏ	6 [*]			
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Α.	Full Name (Last, First, Middle Initial)									03103		
	Graves For Congress					M	of D	isburs			Y Y	Υ
	Mailing Address 2345 Grand Suite 2400					0 4		1	8		ž 0 ŏ (5
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	Candidate Name Rep. Samuel B. Graves, Jr.				egory/ /pe							
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В.	Evan Bayh Committee					Date	of D	isburs	ement			_
	Mailing Address 850 Ft Wayne Avenue					0 ^M 4	М	/ D	8	Y	žoŏ	3 ^Y
	City Indianapolis	State Zip Code IN 46204				Amou	unt o	f Each	Disb	urseme		
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C.	Full Name (Last, First, Middle Initial) Todd Akin For Congress							ion ID:		03104		
	Mailing Address PO Box 31222					0 ^M 4	М	/ D	8	Y	ž 0 Ď (6 Y
	City St Louis	State Zip Code MO 63131				Amou	unt o	f Each	Disb	urseme	nt this	Period
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Α.	Full Name (Last, First, Middle Initial) Friends Of Don Sherwood							Tran: Date			burs	sem	ent	6033			
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В.	State: PA District: 10 Full Name (Last, First, Middle Initial) Separate Majority Fund							Tran						6032			
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	Mailing Address PO Box 24551							0 ^M 4	М	/	D 2	2 1	/	Υ	žoŏ	6 ^Y	
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Steve Rothman For New Jersey Inc.			Date of I	Disbursement		·	1
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Rep. Steven R. Rothman		Category/ Type					
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State: NJ District: 9							
Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns				tion ID: 1243 Disbursement			
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Candidate Name Rep. Cliff B. Stearns		Category/ Type					
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Full Name (Last, First, Middle Initial) Pioneer PAC				tion ID: 1243 Disbursement			
Mailing Address 499 South Capitol Street Suite 408	, SW		04	24	y y	0 0 6 °	
City Washington	State Zip Code DC 20003		Amount	of Each Disbu	ırsement	this Per	riod
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Α.	Full Name (Last, First, Middle Initial)									43054	6	
۸.	Richard E Neal For Congress Committee					M	of D	isburs		nt / Y	YY	Υ
	Mailing Address 76 Magnolia Terrace					0 4		2	24		žoŏ	6
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	Candidate Name Rep. Richard E. Neal		Ca	ate	gory/ pe							
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В.	Ensign For Senate					Date		isburs	eme	13048 nt		V
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	Candidate Name Sen. John E. Ensign				gory/ pe							
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C.	Full Name (Last, First, Middle Initial) Buck McKeon For Congress							on ID		43055 nt	2	
	Mailing Address 24265 San Fernando Ro	ad				0 ^M 4	М	/ D	24	/ Y	ž 0 ŏ	6 ^Y
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$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2006							Trans Date					540			
	Mailing Address 5915 Eastman Ave. Si	uite 100							М		24		Ý Ž	οŏε	S Y	
	City Midland	State MI	Zip Code 48640					Amou	ınt o	f Ead	ch Di	sburs	emen	t this f	Period	
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Candidate Name Rep. James T. Walsh		Category/ Type	
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Senate President	rrsement For: 2006 Primary X General Other (specify) ▼		Contribution
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City West Chester	State Zip Code OH 45069		Amount of Each Disbursement this Period
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Candidate Name Rep. John A. Boehner		Category/ Type	
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NAME OF COMMITTEE (In Full)										
American Hospital Association PAC										
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A. Paula Hollinger For Congress						isburse				
Mailing Address P.O. Box 5861				0 ^M 4	М	[′] 2	6 /	Ž	0 Ď 6	Y
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Full Name (Last, First, Middle Initial)							124709	58		
ROYB - Rely on Your Beliefs Fund						isburse		v · v	V	V
Mailing Address 1300 Pennsylvania Ave Suite 700	enue, NW			0 ^M 4	М	2	8 /	Ž	0 Ď 6	Y
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Pryce For Congress						isburse	ment			
Mailing Address 145 E. Rich Street				0 ^M 4	М	2	8 /	Ž	0 Ď 6	Y
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Α.	Full Name (Last, First, Middle Initial) Terry Everett For Congress							Trans Date					968			
	Mailing Address P.O. Box 1828							0 ^M 4	М	′	^D 2 8	3 /	Y	ž 0 ŏ	6 ^Y	
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B.	Hooley For Congress							Date		isbu	ırsen	nent		ΥΥΫ́	Υ	
	Mailing Address PO Box 2050							0 4		L	2 8	3	2	žoŏ	6	
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C.	Full Name (Last, First, Middle Initial) Western Action PAC							Trans Date	of D	isbu	ırsen	nent				
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A.	Donna Christensen Campaign					Date	of Di	sburse	ement						
	Mailing Address PO Box 5197					0 ^M 4	М	^D 2	8 /	Ý	ó o ò	3 Y			
	City St. Croix	State VI	Zip Code 00823			Amou	ınt o	f Each	Disburse	emer			od		
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